

BEST AVAILABLE COPY

ISSUE SLIP STAPLE AREA (for additional cross referencing)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.A.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

<input checked="" type="checkbox"/> _____ Reflected	H _____ Non-reflected
<input type="checkbox"/> _____ Altered	I _____ Interference
<input type="checkbox"/> _____ (Through normal) Canceled	A _____ Apopt
<input type="checkbox"/> _____ Restricted	O _____ Objected

Date		Place		Description		Debit		Credit	
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9
10	10	10	10	10	10	10	10	10	10
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12	12	12	12	12	12	12	12	12	12
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18	18	18	18	18	18	18	18	18	18
19	19	19	19	19	19	19	19	19	19
20	20	20	20	20	20	20	20	20	20
21	21	21	21	21	21	21	21	21	21
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23	23	23	23	23	23	23	23	23	23
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47	47	47	47	47	47	47	47	47	47
48	48	48	48	48	48	48	48	48	48
49	49	49	49	49	49	49	49	49	49
50	50	50	50	50	50	50	50	50	50
51									

If more than 150 claims or 10 actions
 staple additional sheet here

(LEFT INSIDE)